Results: Post operative alignment followed a normal distribution with 67% of patients within one standard deviation. Mean tibial tray angle was noted to be 0.8 degrees valgus.
Conclusion: Barium Ball method allows accurate calculation of TKR alignment and therefore allows prediction of long term prosthesis success.

USE OF CALCIUM SULPHATE BONE GRAFT AT WEST MIDDLESEX UNIVERSITY HOSPITAL: A THREE YEAR STUDY OF OUTCOMES

Sanjeeve Sabharwal [1], Ziad Harb [1], Reza Jarral [2], Victor Babu [1], Kailash Desai [1], Chris Huber [1], Soosai Nathan [1], Hamid Zadeh [1]. [1] West Middlesex University Hospital; [2] Imperial College London

Introduction: The use of Calcium Sulphate as a synthetic bone graft has been described in various case series of spinal surgery, skeletal trauma and the treatment of osteomyelitis. There is, however, a lack of level I/II evidence to support its application. This study aims to investigate the clinical outcomes after its use at our local district general hospital.
Methods: Data was collected over a 3-year period from March 2006–2009. All patients who had trauma or elective orthopaedic surgery in whom Calcium Sulphate bone graft was used at West Middlesex University Hospital were included in the study. The primary outcome was radiological evidence of resorption of the bone graft 6 months post-operatively. The secondary outcomes were post-operative non-union, loss of fixation and infection.
Results: 48 cases were identified of which 38 met the inclusion criteria. 35 cases (92%) had radiological evidence of resorption after 6 months. Three cases (7.8%) had loss of fixation and there were no non-unions or post operative surgical site infections.
Conclusion: The high rate of resorption after 6 months demonstrates its good bio-compatibility, and the absence of non-unions and surgical site infections suggest that, in our experience, Calcium Sulphate is a safe and effective bone substitute.

FRACTURES OF THE BASE OF FIFTH METATRSAL-SHOULD WE TREAT THEM?

R. Kakkar, P. Akimau, P. Fearon. Newcastle upon Tyne Hospitals

Closed fractures of the base of V-th Metatarsal are usually treated non-operatively. The purpose of this study was to evaluate current treatments to see if it had any influence on the outcome, and if the outcome was similar in all the methods, to analyse their cost-effectiveness. A retrospective analysis of 100 patients' case notes, with isolated avulsion fractures of the base of 5th metatarsal was done.
Results: According to initial treatment patients fell into three groups: 1) fully weight bear with no/or minimal tubigrip support n = 36. 2) Below knee cast n = 41. (walking n = 37), 3) Fully weight bearing in walking boot n = 24. Patients in all three groups had union of their fractures and achieved a pain free foot. But, the patients in the tubigrip group required minimal follow up (maximum 1 follow up compared to an average three follow up appointments for cast and brace groups) and minimal plaster room support thereby turning out to be the best group economically as well. Therefore, a policy change was instituted at our hospital and all acute base of 5th metatarsal fractures are now treated with only tubigrip. This treatment method is currently being re-audited to close the loop.

THE EPIDEMIOLOGY OF CONGENITAL HAND ANOMALIES IN NORTHWEST ENGLAND

R. Finn, D. Langley, P. McArthur. Alder Hey Children's Hospital

Aims: Congenital upper limb anomalies are rare, occurring in approximately 0.1% of live births worldwide.1,2 However, different anomalies vary significantly in appearance and functional impairment, ranging from simple polydactyly to complex radial deficiencies. This study aimed to establish the true epidemiology of each different anomaly within the Northwest of the England.
Methods: A retrospective case note analysis of all patients seen by the Alder Hey congenital hand service in the last 2.5 years was preformed. Data on patients' diagnosis, severity, treatment and post code was collected and analysed.
Results: 598 congenital upper limb anomalies presented to the service, with an average rate of 1 per 1,332 live births. Polydactyly was the most common anomaly, with a rate of 1 in 2,884 live births. Syndactyly and thumb duplication had rates of 1 in 7,431 and 9,200 respectively. Other deformities, including thumb hypoplasia and amniotic band syndrome, occurred in 1 in 4,600 births. No significant clustering of anomalies within the region was noted ($P > 0.05$).
Conclusion: Rates of congenital upper limb anomalies were lower than those found in other studies. This may indicate a true lower prevalence or that not all patients are being referred to the service.

HAVE DEPARTMENT OF HEALTH NATIONAL CANCER TARGETS IMPROVED CARE FOR HEAD AND NECK CANCER PATIENTS IN LINCOLNSHIRE? A ONE YEAR PROSPECTIVE AUDIT

S. El-Shunnar, E. Diakos, E. Stapleton. ENT Department, United Lincolnshire Hospitals NHS Trust

Introduction: The Department of Health National Cancer Plan provides a framework of targets for all cancer patients. Government directives promote target-driven care, and fail to acknowledge other ways cancer presents. There is managerial incentive for 'target' patients to receive timely care, but non-target cancer patients may not benefit.
Objectives: 1) To discover the sensitivity and specificity of target referrals for head-and-neck cancer: What proportion of 'target' patients had cancer? What proportion of cancer patients were 'targets'? 2) To discover the reasons for delays in cancer care.
Methods: An independent clinician audited prospectively collected data from Lincolnshire head and neck cancer patients over a 1-year period. A standardised proforma was used.
Results: Of 1029 head-and-neck cancer target referrals, 31 had cancer (3.1% specificity). Of the 54 cancer patients, 31 were target referrals (57.4% sensitivity). 63% of head-and-neck cancer patients were seen within 2 weeks; 31% received treatment within 62 days. The main reasons behind failures to meet targets were non-urgent referral at 2 weeks; investigations at 31 days, and awaiting feeding tube insertion at 62 days.
Conclusion: Government targets achieve timely care for target patients. However, the target referral system has low sensitivity and specificity. Outside the target pathway, cancer patients may experience lengthy delays in diagnosis and treatment.

ACOUSTIC NEUROMA SCREENING: 6 YEARS ON – ARE WE FOLLOWING OUR OWN GUIDELINES?

Nicholas Hamilton, Joanne Rimmer, Jonny Harcourt. Charing Cross Hospital